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GROUP 3600

Title: REMOTE ACCESS VERIFICATION ENVIRONMENT SYSTEM AND METHOD

Serial No.: 09/854,438

Docket No: 10407/503

Filing Date: May 21, 2001

Applicant(s): Anthony Fontaine, et al.

Express Mail No.: EL703756036US

Date Mailed: 12/27/2001

Assistant Commissioner for Patents

Patent Examination Division

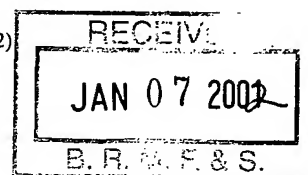
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- ✓ Request Under 37 C.F.R. 1.21(L) for Retention of Abandoned Application
- ✓ Transmittal Form (PTO/SB/21))
- ✓ Fee Transmittal for FY 2001 (PTO/SB/17)
- ✓ Our Check No. 1979 in the amount of \$2,090.00
- ✓ Petition for Extension of Time Under 37 CFR 1.136(a) (PTO/SB/22)
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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

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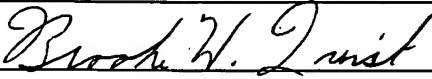
Application Number	09/854,438
Filing Date	May 11, 2001
First Named Inventor	Anthony Fontaine
Group Art Unit	2161
Examiner Name	
Attorney Docket Number	10407/559

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)


- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
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| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | Letter re Section 1.21(I) for retention of Abandoned Application |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brown Raysman Millstein Felder & Steiner, LLP 1880 Century Park East, Suite 711 Los Angeles, CA 90067
Signature	
Date	December 27, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: Dec. 27, 2001

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Signature		Date	December 27, 2001

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 10407/503	
In re Application of		Anthony Fontatine, et al.	
Application Number		09/854,438	Filed 05/11/2001
For		Remote Access Verification Environment System and Method	
Group Art Unit		2161	Examiner

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- | | |
|---|-------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ 1,960.00 |

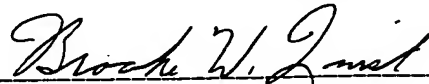
- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☐ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-4270.
- I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record.
- ☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____.

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Dec. 27, 2001

Date



Signature

Brooke W. Quist

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

[] Total of _____ forms are submitted.

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